AIDS Information Centre - Uganda

Strategic Plan 2009 - 2014

February 2009
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Contents

Abbreviations and Acronyms

AIC	AIDS Information Centre-Uganda
AIDS	Acquired Immune deficiency syndrome
AIM	AIDS Integrated District Model
ART	Anti-retroviral Therapy
ARVs	Antiretroviral Drugs
BAC	Branch Advisory Committee
BCC	Behaviour Change Communication
BoT	Board of Trustees
CDC	Centres for Disease Control and Prevention
DFID	Department for International Department - UK
EU	European Union
HC	Health Centre
HCT	HIV Counselling and Testing
HQs	Headquarters
HSSP	Health Sector Strategic Plan
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NSF	National Strategic Framework 2007 – 2012 for HIV/AIDS Activities
OIs	Opportunistic Infections
PEAP	Poverty Eradication Action Plan
PLI	Philly Lutaaya Initiative
PTC	Post Test Club
SP	Strategic Plan
SWOT	Strength, Weaknesses, Opportunities and Threats
TASO	The AIDS Support Organization
UAC	Uganda AIDS Commission
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing

Definition of terms

Term	Definition
Core values	The fundamental rules by which AIC wants to conduct "business"
Goal	High level statements of what needs to happen to achieve a Key Result Area
Key Result Area	The areas on which AIC will focus in order to achieve results
Mission	The purpose for which AIC or a department exists based on the constitution of AIC, statutes of parliament and mandate
Outputs	The product or service that AIC produces
Performance Indicator	The measure used to assess the performance of AIC or department in service delivery
Results Framework	Captures the purpose for which AIC exists based on the constitution of AIC and other legal statutes or policy documents that define the role and functions of AIC. The Results Framework, will identify the current objectives, outputs and the performance indicators
Service Delivery Targets	Are specific outputs needed to achieve the Strategic Objectives
Situation Analysis	Is the critical assessment of the environment in which AIC operates. It contains four elements: external influences and trends; government agenda, strengths and weaknesses; and challenges
Strategic Action Plan	Sets out the parameters that lead to the fulfilment of the AIC's Vision and Goals. It contains three elements: Strategic Objectives, Strategies, and Service Delivery Targets
Strategic objectives	Are broad, long-term targets designed to achieve AIC's mission. Ideally they are time bound, measurable and outcome oriented
Strategy	Method and/or procedure for achieving the strategic objective
Vision	A vibrant and compelling image of what AIC or department wants to Create

Foreword from the BoT Chairman

I am pleased to present the AIDS Information Centre - Uganda's Strategic Plan for the period 2009 – 2014. This strategic plan has been prepared by AIC team with assistance from consultants and financial support from the Development partners. The strategic planning process has involved considerable effort, analysis and honest introspection to identify the factors that have been impeding performance, and more importantly, to chart out a path for transforming AIC from the current not good image to an institution demonstrating excellence in service delivery and good governance.

As part of the introspection, the AIC team has identified a number of challenges hampering its efforts to deliver quality services and good governance. Key among these is attitude to change amongst all stakeholders both internal and external. The AIC management team has identified and agreed to a set of core values that will be the standard of behaviour to guide everybody within AIC. Everybody within AIC will hold each other accountable to these values. In addition, external stakeholders will share these values to ensure that they also hold the AIC people accountable to the values in their dealings with them. External stakeholders will need to support AIC to entrench these values by not seeking any favours that contravene the values.

Inadequacy of resources for service delivery has also been recognised as a key challenge that AIC must address to improve the quality and reach of services for people affected and infected by HIV and AIDS. Within the plan period, AIC will continue to identify and put in place strategies that will enable it to enhance its financial resources and management capacities. These will include strategies for AIC to maximise internal revenue generation, creating strategic partnerships with development partners, working closely with the Ministry of Health and the private sector and civil society organizations in support of the HIV and AIDS challenge in the world. The preparation of this strategic plan is also another key step by AIC towards embedding a culture of performance and accountability in the organization.

I would like to give credit to AIC's management team for not only coordinating the preparation of this plan but for also recognizing the need for internal transformation within the AIC to enhance efficiency, effectiveness and integrity for improved service delivery. I would like to invite all stakeholders to support AIC in any form to make the vision a reality. As you will see from the strategic plan, the task ahead is enormous but we are determined to demonstrate real transformation to ensure maximum efficiency in service delivery and value for money to the people of Uganda. Any support in the form of resources, technical assistance, partnership or recommendations for alternative service delivery mechanisms that other stakeholders may provide to AIC will be greatly appreciated.

This vision is now very clear and compelling: *"**Universal knowledge of HIV status in Uganda."*** It has been translated into specific results and plans within the strategy period. The task is now one of focused implementation. I pledge the Board of Trustees and my personal support and to mobilize the entire organization and the people of Uganda to channel their efforts towards this vision.

Hon. Dr. Baryomunsi Chris
Chairperson Board of Trustees, Aids Information Centre - Uganda

Executive summary

AIC has in the past been implementing its activities following the 2003 – 2007 strategic plan and the revised 2004 – 2006 strategic plan. Implementation of the strategic plan for 2003-2007 suffered a number of setbacks which were attributed mostly to the AIC's inability to fully realize some of its objectives especially with respect to developing a sustainable funding strategy. In cognizant of the setbacks and emerging issues in the field of HIV and AIDS care, it was considered paramount that a new strategic plan for AIC be developed.

In an effort to restore AIC to its former glory and ensure sustainability, the AIC Board of trustees appointed an Executive Director who facilitated the development of a draft strategic plan for 2007-2012. AIC has now embarked on the preparation of a comprehensive five-year strategic plan that draws from the experience in implementing the previous strategic plan and also takes into account the rapid developments in the sector globally.

The preparation of the 2007-2012 strategic plan was carried out in a participative manner that brought together the entire leadership of AIC. This was considered critical to ensure common understanding, ownership and commitment to sharing and implementing the strategy. Whilst the Executive Director is the primary custodian and driver of the strategic direction that AIC takes, every other leader must also own the strategy and implement it in a manner as they remain alert to the changing environment and adapting the strategy as necessary. The approach adopted in the preparation of this strategic plan therefore aims at embedding this dynamism within AIC through comprehensive understanding and ensuring that strategic orientation is a continuous process.

In an effort to improve its performance by aligning and focusing on its purpose, AIC has redefined its mission and vision to guide its operations for the next five years. In order to align more to the mission and vision as well as enable AIC overcome the challenges it faces and will continue to face, there needs to be a visible transformation within AIC guided by a set of core values that will form the standards of behaviour that AIC will exemplify. Furthermore, AIC has identified six Key Result Areas (KRAs) to focus on during the strategy period which have been broken down into goals and strategic objectives. The specific strategies have been further broken down into detailed action plans outlining the various activities, resource requirements, timeframes and responsibilities for the delivery of each strategy.

As part of this strategic planning process, we have taken account of our past performance, carried out internal and external surveys of selected stakeholders and come up with a summary of the key challenges facing AIC.

The implementation of this strategic plan requires both financial and physical resources, and it is expected that the total cost of implementing the strategy over the five year period will be over Ushs. 100 billion. AIC has various sources of financial resources for the implementation of the strategies identified in the strategic plan for the period. Some of the cost votes will be covered under the annual budget under already funded projects, personnel emoluments and other support functions. AIC has also undertaken to conduct aggressive resource mobilization activities targeting both the development partners and the private sector institutions in order to meet the resources requirements for this strategic planning period. AIC also plans to achieve many of its key results through the development of strategic partnerships with the Government of Uganda, particularly the ministry of Health. taffing is a critical resource for the success of this strategy and AIC will from time to time review its optimal staffing levels in terms of numbers and skill to ensure adequate human resource capacity.

It was noted that the strategic action plans include sufficient detail to enable the monitoring of progress of implementing the strategy for each key result area. The monitoring exercise will keep track of the

implementation of the activities and utilisation of budgets. This will be done on a continuous basis and reports will be given at weekly meetings with a comprehensive review every quarter.

The AIC strategic plan is structured as follows:

Chapter 1: Prpvides **background information** on AIC, including the mandate and key outputs delivered through the branches, and the rational for strategic planning.

Chapter 2: Examines the **situation analysis** of AIC including the institutional framework that focuses on contribution to the millennium development goals, the National Strategic Plan and the Poverty Eradication Action Plan (PEAP). In this chapter assessment of the external environment has also been carried out.

Chapter 3: Portrays the **future strategy** including the agreed mission statement, vision and core values. It also presents the Key Result Areas which AIC will focus on.

Chapter 4: Presents **implementation of the Strategy** covering resources required and monitoring and evaluation; and

Chapter 5: **Conclusion** gives summary recommendations and the way forward

The senior management will focus on delivering the plans necessary to realize the key results set out in this plan. This requires an unprecedented focus on results in the planning process, in regular monitoring and in the appraisal of staff performance to ensure that everybody is working to deliver what AIC has set out to achieve. In particular, the values AIC has agreed should be the basis for transforming the organization into the new vision which will ultimately lead to reduced prevalence and an improved quality of life. AIC has already demonstrated that it is possible to transform the lives of people through the current branch networks and good relationship with the both the central government and the local governments in the whole country.

I take this opportunity to invite all stakeholders and other actors involved in the provision of HIV and AIDS related services to support AIC as it implements this plan. In particular, AIC will need the support of the Ministry of Health and other Government Ministries and Departments, UAC, Civil society, and development partners in order to meet the overwhelming demand for HCT services.

Dr. Raymond Byaruhanga
Executive Director, Aids Information Centre

1 Introduction

1.1 Background information

AIC, a non-governmental organization was established in 1990 to provide the public with voluntary and anonymous counselling and testing for Human Immune Deficiency Virus (HIV). AIC was founded as a result of the growing demand from people who wanted to know their HIV status in responses to the very high rate of HIV infection that Uganda experienced in the 80's and early 90's. The only option available to them at that time was offered by the National Blood Transfusion Service, which carries out routine HIV tests on all the blood that is donated for transfusion purposes. However, the National Blood Bank Service was overwhelmed by people coming to donate blood as a means of finding out their HIV status. There were also some settings which were providing HIV testing to people without getting their informed consent or counselling services. In addition, some support AIDS organisations could not provide HIV testing to persons who were going to them for AIDS care and support.

Given its mission (to provide quality HIV/AIDS information, counselling and testing services) and vision (universal knowledge of HIV status in Uganda), the overall strategic goal of AIC is to disseminate information on HIV/ AIDS to the population. The major strategy of AIC in trying to realize this goal has been to promote positive behaviour change through HIV counselling and testing. Currently, AIC offers VCT services through eight main branches, selected hospitals, health centres, and antenatal clinics. The organization's operations are spread out in 49 out of 83 districts in Uganda. The current AIC's branches include Kampala, Jinja, Mbale, Mbarara, Arua, Lira, Soroti and Kabale. The organization has over 190 members of staff and is governed by the Board of Trustees, and an executive management (senior managers), with the Executive Director as the head of the secretariat.

AIC has a wide range of stakeholders with whom it works or could partner with including government ministries, development partners and other agencies involved in HIV and AIDS work. Major stakeholders include Centre for Disease Control (CDC), United States Agency for International Development (USAID), NORAD, the World Bank, Department for International Development (DFID), European Union (EU), Ministry of Health (MoH), Uganda AIDS Commission (UAC), the AIDS Support Organization (TASO) among others.

1.2 Mandate of AIC

The mandate of AIC is guided by the objectives for which the organisation was set up. These include:

- To establish facilities where the general public can go for information on HIV and AIDS, and voluntary counselling and testing services, and other related health problems
- To reduce transmission chains through continuous counselling and other interventions
- To promote pubic awareness and understanding about HIV and AIDS and other related matters through diverse education and information programmes
- To collect, prepare and disseminate scientific information concerning patterns, interventions, and prevalence of HIV and AIDS and other related matters
- To stimulate and assist the expansion of voluntary counselling and testing services throughout the country

- To contribute towards the advancement of prevention of HIV transmission, care and treatment of AIDS related infections and diseases
- To participate and organise various educational programmes for the people through the Post Test Clubs (PTC), Philly Lutaya Initiative (PLI), organised groups, institutions and various organisations so as to enable them promote AIC objectives
- To train appropriate professional workers, such as medical, health and social workers to promote their counselling and advisory skills in HIV and AIDS and other related matters
- To co-operate and collaborate with other national and international organisations and government agencies involved in the fight against HIV and AIDS
- To ensure and maintain satisfactory standards of anonymity and confidentiality to clients, in pre and post test counselling and testing, the acceptance of which is entirely voluntary
- To provide reproductive health services and promote activities that will result in behavioural changes in the population
- To initiate and promote programmes and projects aimed at promoting understanding or compassion with a view to enhancing positive attitudes in communities towards people with HIV and AIDS.

1.3 Key outputs

The key outputs that AIC delivers through its network of branches include the following:

- People counselled and tested and who know their sero status through stand alone branches, outreaches, indirect sites and home to home HCT;
- Conducting various trainings to improve quality of service delivery;
- Preparing accountability reports for funds received;
- Provision of care and support services to clients and refer clients for treatment (ART);
- Increased membership to post test clubs;
- Distribution of condoms and basic care kits; and
- Develop, disseminate IEC materials and mobilize and sensitize the population on HIV and AIDS prevention, care and support.

1.4 Rationale for strategic planning

Preparation of a strategic plan for AIC is aimed at process improvement and greater focus on results in the field of HIV and AIDS care. This strategic plan is expected to be a "living document that all staff in AIC will use as a basis for planning their day-to-day activities." This strategic plan will spearhead performance improvement in service delivery and guide resource mobilization from development partners and own resources. A key aspect to ensure success in this process has been to develop fundamental trust in the process, in the stakeholders, in the planning team, and in the facilitators.

AIC has in the past implemented its activities in light of the strategic plan fpr 2003 – 2007 and the revised strategic plan for 2004 – 2006. Implementation of the SP 2003-2007 suffered a number of setbacks which

were attributed mostly to the AIC's inability to fully realize some of its objectives particularly the one of developing a sustainable funding strategy. In cognizant of the setbacks and emerging issues in the field of HIV and AIDS care, it was considered paramount that a new strategic plan for AIC be developed. In an effort to restore AIC to its former glory and ensure sustainability, the AIC Board of trustees appointed an Executive Director who facilitated the development of a draft strategic plan for 2007-2012. AIC requested KPMG to assist in the completion of the strategic plan through facilitation of a strategic planning workshop. The deliberations, initiatives and work plans agreed in the workshop have been included in this final strategic plan.

2 Situational analysis

2.1 Institutional framework

AIC operates in collaboration with the Ministry of Health which closely supervises and monitors its VCT service provision, together with several other partners. In partnership with government of Uganda and other agencies such as Population Services International (PSI), the Family Planning Association of Uganda and the AIDS Support Organization (TASO), AIC also designs and implements mass education programs on HIV and AIDS, in the promotion of awareness, behavioural change and preventive practice, based on the premise that knowledge of HIV status is the gateway into other HIV preventive and/or curative measures.

2.2 Contribution to the millennium development goals, National Strategic Plan and the Poverty Eradication Action Plan

Since their adoption by all United Nations member states in 2000, the millennium development goals (MDGs) have become a universal framework for development and a means for developing countries and their development partners to work together in pursuit of a shared future for all. In light of this, AIC outputs will contribute to meeting the MDG number 6 which aims at combating HIV and AIDS, malaria and other diseases.

The strategic plan takes into consideration the need to reduce new HIV infections (incidence) by 40% by 2012 as the cornerstone of the NSP with special attention to fully funding HIV prevention measures that are mostly cost effective. AIC is contributing to prevention through the NSP through providing universal knowledge on HIV counselling and testing.

The vision of AIC is within the framework of Uganda's multi-sectoral response to HIV. AIC contributes to national efforts to address HIV and AIDS, improving quality of life, and access to HIV prevention, care and support services. Under this strategic plan AIC will continue to contribute human development which is pillar number 5 in the PEAP, which is Uganda's comprehensive development framework.

2.3 External environment

The external analysis has focused on the political, legal, economic, social, cultural, and technological factors that impact on AIC's performance. In addition, this external analysis has also included a review of the external stakeholders that AIC interacts with either as service/resource providers or service recipients making demands on AIC. A review of these factors was conducted to identify the opportunities and threats that the institution will need to address as part of the strategy.

(i) Political/ legal

The political goodwill at all levels of government has gone a long way to provide an enabling environment for HIV/ AIDS interventions. Generally Uganda has good HIV and AIDS management policies and the law to address the issues of HIV and AIDS is being finalised.

(ii) Economic

Uganda has witnessed stable macro economic stability for over 10 years leading to inflation levels of below 10% and average economic growth of 6%. Real GDP growth was estimated at 6.5 percent in the

year 2007/08, up from 5.1 percent in 2006/07. HIV affects the most productive bracket of the population which is mainly between the ages of 24 and 45 years. This means that HIV has got a strong impact on the labour force which will make it difficult for the government to continue on a sustainable path of development.

(iii) Social/ cultural

After a quarter a century of a generalized HIV epidemic, Uganda continues to experience a severe and mature HIV epidemic. Currently 6.4% of adults and 0.7% of children are infected with HIV, that is about one million people nationwide. The magnitude of the epidemic has geographic, socio-demographic and socio-economic heterogeneity; women, urban residents and people residing in Kampala, central and mid-northern regions are most disproportionately affected. As the epidemic has matured, the population groups most severely affected have shifted from young unmarried individuals to older and married or formerly married individuals. Currently, HIV prevalence peaks among women aged 30-34 years and men aged 40-44 years.

The sources of new infections reveal that sexual transmission accounts for 76% of new HIV infections. The HIV infection is highest in marital sex (42%), compared with commercial sex workers (21%) and casual sex (14%). This is most compelling and is now a critical consideration underpinning prevention strategies. Mother to child transmission stands at 22% that represents the other critical target area for intervention; while medical injections account for 1% of HIV infection. At the heart of the NSP is the prevention of HIV infection, including mother to child transmission.

Traditional tattooing and cutting of the skin is common in Uganda. If the tools are not sterilised, these practices carry a risk of spreading HIV. Forty-four percent of women and 34 percent of men report they have undergone traditional tattooing or cutting of the skin.[1] The law on addressing this issue is currently weak.

On the positive side stigma on people infected and affected by HIV and AIDS has significantly reduced as the society has come to appreciate the causes and management of HIV and AIDS in Uganda.

(iv) Demographic

Uganda's population is currently estimated at about 30 million people and composed mainly of a young population, with 50% children under 15 years, youth (15-24 years) 20% and older people (60+ years) 4%. The current phase of the HIV epidemic in Uganda is characterized by stabilization of HIV prevalence ranging between 6%-7%. Despite the numerous interventions, only 21percent[2] of Ugandans know their HIV status.

(v) Technological

Information about HIV/AIDS is often carried by mass media. Having access to mass media such as newspapers, radio and television is essential in increasing peoples' awareness and knowledge of HIV/AIDS, which may eventually affect societal norms and influence individuals' attitudes and behaviour. Mobile technology is also widely used, popular among the younger generations who are the most vulnerable to HIV and AIDS, and it is cheap and requires little infrastructure. Harnessing this type of technology is an innovative step forward in the fight against HIV and AIDS that AIC could exploit. Text

[1] Uganda National Sero-Behaviour survey report 2003
[2] Uganda National Sero-Behaviour survey report 2003

messaging is easy, cheap and popular, and people can have access to information which is anonymous – an important step in the fight against HIV and AIDS given that the stigma, although decreased, remains problematic in the region. On the other hand, technology has contributed to the increase in HIV infections, such as the internet sites that promote pornography and have abated homosexuality which has contributed to the increase in HIV infections..

(iv) Stakeholder analysis

AIC has a wide range of stakeholders with whom it works or could partner including government ministries, development partners and other agencies involved in HIV and AIDS work. The key areas of collaboration with the stakeholders are: service delivery, advisory and technical services, funding, data and information sharing, best practices and accountability, training and manpower development. AIC provides various services to these stakeholders in their individual or corporate capacity. Staff as an internal stakeholder, provide labour to the AIC and get a financial reward in return. These stakeholders are very important in AIC's endeavour to improve service delivery. They are both a source of significant opportunities for partnership to transform AIC as well as posing significant threats particularly in terms of their demands on AIC. The major stakeholders of AIC include the following:

(a) Development partners

The development partners of AIC include the following:

- Ministry of Health that oversees the provision of health services in their entirety and directly supervises the activities of AIC in the provision of HIV counselling and testing. Through provision of salaries of health workers who are supported by AIC to carry out services.
- Uganda AIDS Commission a regulatory agency for all HIV and AIDS related activities in the country. UAC, in the NSP has identified three Service Thematic Areas comprise HIV Prevention, Care & Treatment, and Social Support. Through the UAC it's where AIC gets funding under the civil Society Fund.
- USAID is a key funding agency. The United States Government has supported AIC technically and financially in the provision and expansion of HCT services countrywide.
- Centres for Disease Control. The United States government has supported AIC technically and financially in the provision and expansion of HCT and palliative care for the HIV positive clients. CDC has partnered with AIC and IAVI on HIV vaccine development and trial.
- DFID that represents management of the British government funding.
- World Health Organisation provides international standards guidelines for health care provision, including the provision of HIV testing
- Uganda Network of AIDS Service Organizations: An agency to which AIC subscribes, UNASO brings together all the major HIV and AIDS service organizations in the country.
- European Union has supported AIC technically and financially in the provision and expansion of VCT services especially in north and west Nile regions of Uganda.
- United Nations Joint Program on AIDS gives a global perspective on HIV AND AIDS and related issues.

- United Nations Children's Fund caters specifically for the needs of children. UNICEF has worked in partnership with AIC in the prevention of mother to child transmission and counselling and testing of children in the camps
- Academic Alliance on HIV and AIDS brings together all the brains on HIV and AIDS in the region, with the backing of universities such as Makerere.

(b) Other HCT implementers

Other HCT implementers include the organisations that provided services similar to those provided by AIC such as TASO, Mild may, and Infectious Diseases Institute.

(c) Other stakeholders

These include: AIC members, community based organizations, community leaders, the population, Board of trustees of AIC, staff of AIC and suppliers.

Opportunities to AIC

- Demand for HCT is high given that access to HIV and AIDS treatment is preceded by first knowing one's sero-status. In addition, most of the younger generation members are not accessing HCT and yet they contribute more that 50% of the Uganda population.
- The current HIV and AIDS awareness standing at 90% indicating a trigger for the need of HCT services. Currently 78% of the total Uganda population (30 million) need HCT services.
- The technological developments in the world and Uganda, such as internet and mobile telephone that have revolutionalised the communication sector present opportunities for providing information for prevention and administering and treating those infected with HIV and AIDS in Uganda
- The absence of enacted laws to deal with issues related to HIV and AIDS in the country presents an advocacy opportunity for AIC
- The high and stagnant prevalent rate of 6.4% and new transmission of 120,000 people per annum presents an opportunity to provide prevention services to reduce on further infections
- International recognition and goodwill of the partners and donors, that are willing o continue funding AIC activities and are still committed to supporting the national response
- AIC can explore the opportunity for initiating ART in a phased manner to areas where referral networks are non existent.
- Opportunity to work with the government of Uganda through the MoH and Uganda Aids Commission due to good political will in the country
- Opportunities to partner with the private sector in achieving their Corporate Social Responsibility goals.
- About 1.1 million people are infected by HIV and AIDS. This presents an opportunity to provide ART services. The number of people living with HIV and AIDS that need ART is likely to increase.

Threats facing AIC

- The influx of many other organizations to provide HCT services results in competition for the same resources.
- Limited support from the districts where local ownership of HCT initiatives and sustainability is still poor.
- Funding mechanisms keep changing with changes in funding agencies at AIC such as reporting modalities and the period over which funds are released.
- Apparent shifts in donor support mechanisms in terms of shifting priorities. HCT falls in a broader component of prevention and gets less preference.
- Much of the population in Uganda is not able to pay for the services provided by AIC.

3 Future strategy

Strategic planning provides direction with regard to performance improvement in an organisation. This strategic plan will enable AIC to address internal and external challenges in the delivery of HCT services. It will also contribute to the development of a widespread sense of ownership, strenthening of partnerships, encourage participative decision-making, and opening avenues for marketing the organisation.

3.1 Mission statement

To provide quality HIV/AIDS information, counselling and testing services.

3.2 Vision

Universal knowledge of HIV status in Uganda.

3.3 Core values

In order to achieve the stated goals and objectives the following core values shall be observed:

- High integrity
- Commitment to excellence
- Effective communication
- Equity and mutual respect
- Team spirit
- Timelines
- Continuous learning and improvement

3.4 AIC slogan

Knowledge is power, take an HIV test today.

3.5 Key Result Areas (KRAs)

With reference to both the agreed mission of AIC and the key challenges facing AIC, key result areas of focus were identified to enable AIC to overcome the current service delivery bottlenecks and contribute to its mission. The agreed KRAs and the respective goals and strategic objectives are as follows:

(a) HCT care, support and referral services provided

Goal 1: Provide HIV counselling and testing services

Strategic objective: Scale up initiatives for counselling and testing to 3.5 million people in 5 years

Goal 2: Provide HIV care and support services

Strategic objectives:

(i) To scale up approaches for care and support to 3.5 million people in 5 years; and

(ii) Promote disclosure, anti stigma and non discrimination through post test clubs, couple clubs, and ongoing counselling to cover 250,000 people in the next 5 years.

Goal 3: Provide effective referral guidance to those clients found to be HIV positive

Strategic objective: Refer 25 percent of clients for HIV treatment and other services in 5 years.

Goal 4: Provide strategies to prevent HIV transmission

Strategic objectives:

(i) Strengthen other prevention services - AIC will distribute 10 million condoms in 5 years; and

(ii) Promote PMCT services to reach 5,000 mothers.

(b) Advocacy, information, education and communication enhanced

The following goals and strategic objectives will be pursued under this KRA.

Goal 1: Strengthen AIC's role in HIV advocacy, public relations and information sharing.

Strategic objectives:

(i) Reach 5 million people through different media in the next 5 years; and

(ii) Interact with policy makers to influence policy formulation and resource allocation.

Goal 2: Raise the profile and image of AIC

Strategic objective: Build strategic partnerships with all public sector institutions and leading private sector institutions.

Goal 3: Provide up to date information on HIV and AIDS prevention, management and treatment

Strategic objective: Provide up to date knowledge and information on HIV and AIDS to 3.5 million people in the next 5 years.

(c) Research and knowledge management

Goal: Strengthen research agenda to inform management and policy.

Strategic objectives:

(i) Conduct and publish 15 researches in HCT, TB/HIV and other service delivery activities; and

(ii) Improve management effectiveness through organisational learning.

(d) Gender responsive training and capacity building programs provided

Goal 1: Increase the availability of trained counsellors, laboratory technicians and HIV/AIDS program managers

Strategic objectives:

(i) Build and sustain AIC's capacity in training 1,500 service providers in HIV and AIDS services in the next 5 years; and

(ii) Establish 2 training centres in Kampala and Kabale within 3 years.

Goal 2: Initiate e-learning

Strategic objective: Train 200 staff through e-learning.

(e) Sustainable management capacity built

Goal 1: Establish a sustainable resource base

Strategic objectives:

(i) Diversify sources of funds by 30% per year;

(ii) Reduce donor dependency by 20% in the next 5 years; and

(iii) Develop a resource mobilisation strategy.

Goal 2: Strengthen AIC transparency and accountability

Strategic objectives:

(i) Establish sound financial systems; and

(ii) Establish sound procurement and disposal procedures.

Goal 3: Strengthen AIC human resource management

Strategic objectives:

(i) Recruit, develop and retain qualified and competent staff;

(ii) Revise human resource manuals within 1 year; and

(iii) Continuous organisational development.

Goal 4: Strengthen AIC monitoring and evaluation systems

Strategic objectives:

(i) Timely submission of periodic reports; and

(ii) Strengthen the organisational capacity in monitoring and evaluation, accountability and reporting for effective service delivery.

Goal 5: Promote good governance in AIC

Strategic objectives:

(i) Strengthen organisation and management development;

(ii) Regular and periodic BoT, BAC and management meetings; and

(iii) Timely and effective audits.

Goal 6: Strengthening IT systems

Strategic objective: Leverage ICT technologies to enable their application in AIC processes and systems.

Strategic objectives for the above KRAs were also developed. (The goals, strategic objectives and activities are as per Appendix 2)

These KRAs have been used to define a 'Strategic Results Framework' as summarised overleaf:

KRA	KEY OUTPUTS				OUTCOMES			
	Description	**Unit of Measure**	**Baseline**	**Target**	**Description**	**Unit of Measure**	**Baseline**	**Target**
Strengthened Research and knowledge management	Research carried in HCT, TB and Integrated services	Number of research papers submitted, approved and published	40	25	Scientific, social & economic research activities shall be carried out {operational research} in the field of TB, HCT & care /treatment.	Policies formulated as a result of AIC research findings.	5	2
	Collaboration with research organisations in HCT, TB and Integrated services	No. of research projects on going	4	10	AIC to co-host & collaborate with partners in research	Number of AIC staff involved in research	6	15
	Dissemination of findings on research in HCT, TB and Integrated services	No of papers published/presented in international/national conferences/journals	30	40	Findings from operational research will be considered for policy influence	No of policies influenced by research findings	5	5
Enhanced Advocacy, Information, Education and Communication	Campaigns to sensitise communities about HIV and AID and services available at AIC	Number of sensitisation campaigns conducted	480	600	Increased awareness on HIV and AIDS and AIC services	Increased number of people accessing AIC services	300,000	500,000
	Increase AIC	Number of policy and	10	15	Improved Image of AIC	Number of	6	10

KRA	KEY OUTPUTS				OUTCOMES			
	Description	**Unit of Measure**	**Baseline**	**Target**	**Description**	**Unit of Measure**	**Baseline**	**Target**
	visibility	decision making committees to which AIC is represented at district, national level and international level				active strategic partnerships		
Innovative HCT, Care and Support services offered	Increased HCT Coverage	Number of people reached with HCT services	2,000,000	3,200,000	Reduced new HIV incidences	A healthier and productive population	93.6%	97%
	Improved and increased care and support	Number of people accessing care and support or referred	10%	8%	Reduced HIV and AIDS prevalence	Reduced HIV and AIDS related morbidity and mortality	6.4%	5.5%
Innovative gender responsive training and capacity building programs provided	Develop comprehensive training curricula for HIV and AIDS service providers	Number of curricula developed	16	20	Improved quality of service provision	Increased number of well trained HIV and AIDS service providers	730	2,000
		Number of people accessing the training services	730	2,000	Increased access (by the public) to prevention, care and support services	Increased number of well trained HIV and AIDS service providers	730	2,000
	Establish a well	A well equipped	0	1	Increased access to	Increased	730	2,000

KRA	KEY OUTPUTS				OUTCOMES			
	Description	**Unit of Measure**	**Baseline**	**Target**	**Description**	**Unit of Measure**	**Baseline**	**Target**
	equipped and modern training centre to offer comprehensive HIV and AIDS services	training centre			prevention, care and support services	number of well trained HIV and AIDS service providers		
Sustainable Resource base established	Diversified sources of funding AIC activities	Number of new development partners attracted	5	10	Sustainable funding for AIC	Scaling-up and continuity in HIV and AIDS programme implementation	Frequent disruptions in service delivery	Zero disruption in service delivery
	Provide timely accountability to ALL stakeholders	Compliance to partner accountability requirements	70%	100%	High stakeholder confidence in AIC	Increased percentage of AIC budget funded	25%	80%
Strengthened Internal Capacity and Transformation	Automation of AIC core business processes	Number of fully automated business processes at AIC	0	5	Improved service delivery	Improved efficiency and effectiveness (cost, time and quality)	40%	100%
	Transform AIC into a proactive, vibrant and responsive organisation at BoT level and	Level of achievement of AIC Vision, mission and strategic objectives.	65%	90%	Mission achieved	Level of achievement of the mission	65%	90%

KRA	KEY OUTPUTS				OUTCOMES			
	Description	**Unit of Measure**	**Baseline**	**Target**	**Description**	**Unit of Measure**	**Baseline**	**Target**
	management level							
	To realign the systems/ processes, people, structures, and behaviours to the strategic direction of AIC	Percentage of functional systems and structures	50%	100%	Harmonised processes, systems, structures and people to the strategic direction of AIC	Level of harmonisation	50%	100%

4 Implementing the strategy

4.1 Resources

The implementation of this strategic plan requires both financial and physical resources. The total cost estimation for implementing the plan has been based on the costs incurred in implementing all strategies over the 5 year period. AIC has not prepared a comprehensive estimate of the cost of implementing this strategic plan. However, it is expected that the total cost of implementing the strategy over the five year period will be over Ushs. 100 billion (About US$ 60 million).

The implementation of the strategic plan is expected to be financed mainly through own resources- through mobilisation of user fees; financial and technical support from development partners- both multilateral and bilateral; private sector- through implementation of strategic partnership; and Government of Uganda through the Ministry of health. The specific contributions from the above sources will be confirmed as part of the annual planning process to implement this strategy.

4.2 Monitoring and evaluation

It was noted that the strategic action plans included sufficient detail to enable the monitoring of progress of implementing the strategy for each key result area. From the strategic action plans outlined in this plan, individual departmental work plans with more details will be developed annually. The monitoring exercise will keep track of the implementation of the activities and utilisation of budgets. This will be done on a continuous basis and reports will be given at weekly meetings with a comprehensive review every quarter.

The monitoring reports from each department will be merged into departmental annual reports to be used to assess progress towards the attainment of the departmental objectives and targets. In addition to activity reports, each department will compile expenditure returns linked to the activities to evaluate the financial/budget performance. The service delivery targets given in the action plans will be revised if necessary during the annual work planning. AIC will convene a half-yearly stakeholders forum to report on its performance and indicate the initiatives planned to improve performance over the coming six-month period.

5 Conclusion

AIC has devoted considerable effort and resources in this strategic planning process. This effort has helped AIC to recognise that the value of strategic planning is not in the final document itself, but the process that has been followed and the level of engagement by the AIC team to understand and own the resulting strategies. Those who have been closely involved throughout the process, from the development of the draft Strategic Plan to the finalisation process, and particularly the exhaustive discussions during the strategic planning workshop and subsequent meetings with AIC personnel, have a heavy duty to retain and disseminate this knowledge within the organisation. The process of strategic planning is itself challenging and it is recognised that there is scope for improvement in later revisions. The important thing is to celebrate the successes achieved in this first attempt and to improve the process in the future. In particular, the revision of the strategic plan should be institutionalized in any areas that may not have been adequately covered and updated next year. Specific areas that will need special focus include:

- Gathering sufficient baseline information to provide a benchmark for the strategic plan;
- Maintenance of performance information by Heads of Departments to enable them to assess the reasonableness of the proposed strategies against past performance;
- Availability and analysis of the resources available to AIC for implementing the strategies and any revisions that may be agreed;
- Detailed costing of the proposed strategies within the action plans; and
- Development of performance indicators against which to monitor implementation of the strategy.

In all, AIC hopes that it will get the required resources to be able to implement the strategic plan.

Appendix 1: Implementation matrix

The strategic planning process required the preparation of detailed action plans that include the following details for each strategy:

Item	Description	Purpose
Unit of measure	This is the unit of measure that will be used for the output delivered from that strategy.	It is important to be clear from the outset what the unit of measure will be.
Service delivery targets	This is the volume (based on the unit of measure) that will be delivered in each year.	Service delivery targets are the 'results' that will be delivered during the planning period. These are the basis for assessing the effectiveness of the strategies in meeting development objectives.
Estimated resources	This is an estimate, in monetary terms, of the resources required to deliver the planned targets.	This is important to facilitate costing of the strategy and provide a basis for resource mobilization.
Responsibility	These are the officers (other than the TC) responsible for delivering the outputs.	Allocating responsibility is the first step to ensuring that somebody will be held accountable for performance.
Time lines	This is what time of the year will this activity be done	Its important to putting time bound activities because its part of accountability and creates priority issues

The detailed strategic action plans for KRA each are set out below.

Appendix 2: KEY RESULT AREAS

A2.1 HCT, care, support and referral services

Key Result Area: Innovative HCT, care, support and referral services										
Goal 1: Provide HIV counselling and testing services										
Strategic Objective 1: Scale up initiatives for counselling and testing to 3.5 million people in 5 years										
				Service Delivery Targets						
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost(Ushs) '000**	**Responsibility**
Strategy 1: Sustain an efficient logistics procurement and delivery system for tests kits and other laboratory consumables	Procure test kits and other consumables promptly	Quality and amount of kits and other consumables promptly procured	Procurement and stores reports	490,000	600,000	700,000	750,000	800,000	15,510,000	Procurement and Admin Officer
	Conduct regular refresher courses for staff at all levels in logistics and procurement management	No. of staff trained in logistics and procurement management	Training reports	80	120	80	120	0	300,000	Procurement and Admin Officer
	Improve the delivery system for test kits and other consumables	Number of HCT sites receiving test kits and other consumables promptly	Distribution reports	156	312	156	312	90	950,000	Procurement and Admin officer

Key Result Area: Innovative HCT, care, support and referral services

Goal 1: Provide HIV counselling and testing services

Strategic Objective 1: Scale up initiatives for counselling and testing to 3.5 million people in 5 years

				Service Delivery Targets						
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost(Ushs) '000**	**Responsibility**
	Conduct periodical audits of test kits and other consumables	No. of audits done and disseminated annually	Audits reports	8	8	8	8	8	250,000	Laboratory Services Coordinator
Strategy 2: Uphold HCT service delivery and its related integrated services in AIC stand-alone HCT sites and Health Unit based HCT sites as well as to populations with special needs	Redefine AIC operational areas Meetings held with MoH, stakeholders and development partners on defining areas of operation including CT 17	AIC's areas of operation clearly defined No. of MoUs signed and followed Meetings held	Number of MOUs in place Number of meetings, minutes and reports	16		16		16	400,000	Operations Director
	Develop a comprehensive plan for provision of HCT and related integrated services in a targeted manner	A comprehensive plan developed showing distribution of services	Comprehensive plan in place	1		1		1	30,000	Programme Director

Key Result Area: Innovative HCT, care, support and referral services

Goal 1: Provide HIV counselling and testing services

Strategic Objective 1: Scale up initiatives for counselling and testing to 3.5 million people in 5 years

				Service Delivery Targets						
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost(Ushs) '000**	**Responsibility**
	Maintain uninterrupted HCT service delivery in all AIC stand-alone HCT sites	Total no. of HCT clients served	M&E reports	73,500	90,000	105,000	112,500	120,000	800,000	Counselling and Training Manger
	Support uninterrupted delivery of HCT services to selected health unit based HCT sites	Total no. of health unit based HCT sites supported VCT and RCT inclusive	M&E reports	88	110	120	140	160	500,000	Programme Director
		No. of clients served VCT and RCT inclusive	M&E reports	245,000	300,000	350,000	375,000	400,000	850,000	Programme Director
	Support uninterrupted delivery of HCT services to selected communities e.g. MARPs, schools, barracks, Churches, homes	No. of clients served through Home to Home CT, Community camping CT, outreaches	M&E reports	171,500	210,000	245,000	262,500	280,000	2,500,000	

Key Result Area: Innovative HCT, care, support and referral services

Goal 1: Provide HIV counselling and testing services

Strategic Objective 1: Scale up initiatives for counselling and testing to 3.5 million people in 5 years

				Service Delivery Targets						
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost(Ushs) '000**	**Responsibility**
	Provide supportive supervision to AIC stand-alone HCT sites and selected health unit based HCT sites on a quarterly basis	No. of AIC stand-alone HCT sites regularly (i.e. quarterly) monitored and supervised	Monitoring reports	8	8	8	8	8	250,000	Programme Director
		No. of supported health unit based HCT sites regularly monitored and supervised	Monitoring reports	88	110	120	140	160	800,000	Programme Director
	Scale up HCT community mobilization initiatives	Number initiatives undertaken	Branch Reports						750,000	Programme Director
	Support and sustain HCT quality assurance and control testing initiatives	No. of serum samples taken for control testing in a quarter	QA/QC reports	11,700	16,500	20,400	22,500	24,000	951,000	Programme Director

Key Result Area: Innovative HCT, care and support services provided

Goal 1: Provide referral guidance to those clients found to be HIV positive

Strategic Objective 1: Scale up initiatives for mitigation of the social and economic effects of HIV and AIDS at individual, household and community level

				Service Delivery Targets						
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Strategy 1: promote access to Basic social needs with PHAs, OVC and other disadvantaged groups	Work with agencies involved in life skills development programs for OVC and the youth and link HIV + clients and OVCs to agencies that provide nutritional and material support, including shelter	Number of agencies working with AIC on this initiative	Number of MOUs signed	2	4	4	4	4	50,000	PTC Coordinator
		No. of HIV+ HCT clients and OVC referred and getting support	Service reports available	3,900	5,500	6,800	7,500	8,000	120,000	PTC Coordinator

Strategic Objective 2: Increase access to HIV care										
				Service Delivery Targets						
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Strategy 1: Strengthen prevention services in HIV &AIDS care	Formalize and support provision of regular continuing medical education sessions	Monthly continuing medical education sessions in all the 8 AIC branches and indirect sites	Number of sessions done and list of participants						1,080,000	Medical Services Coordinator
	Scale up sensitization campaigns for TB-HIV prevention and access to treatment	Number of sensitization campaigns done on TB and HIV prevention	Reports on campaigns	96	96	96	96	96	600,000	Medical Services Coordinator
Strategy 2: strengthen existing medical services in AIC stand alone sites	Procure and distribute adequate equipment and reagents for investigation of OIs and STD cases	Amount and type of equipment and reagents for investigation of OIs and STD cases promptly procured	Stock cards and assets inventory						3,000,000	Medical Services Coordinator
	Procure equipment for diagnosis and follow-up of patients in palliative care	Equipment procurement and installed in AIC branches e.g. PCR machines, Viral load machines	Assets Inventory	5					3,000,000	Medical Services Coordinator
	Procure CD4 reagents for follow-up CD4 counts of all HIV positive clients in palliative care	CD4 reagents procured	Clients offered CD4 results	49,000	60,000	70,000	75,000	80,000	8,000,000	Laboratory Services Coordinator
	Orient and refresh medical staff on investigation and treatment of OIs and STIs	No. of Medical staff oriented or refreshed on investigation and treatment of OIs & STIs	Training reports	50	50	50	50	50	135,000	Medical Services Coordinator
	Diagnose and treat OIs and STD cases among clients coming for HCT	No. of clients treated for OIs and STDs	Periodic medical reports	30,000	40,000	50,000	50,000	50,000	3,000,000	Medical Services Coordinator
	Diagnose and treat HERPES simplex	No. of clients treated for HERPES simplex (HSV2)	Periodic medical reports	500	700	900	1200	1500	1,720,000	Medical Services Coordinator

Strategic Objective 2: Increase access to HIV care										
	Make Referrals for complex STI and HERPES simplex cases to other specialized service providers	No. of clients referred	Periodic medical reports						192,000	Medical Services Coordinator
	Scale up access to the Basic HIV Care Package (safe water, ITNs, Septrin prophylaxis, IEC)	Number of HIV+ clients given the Basic HIV Care Package.	Periodic PTC reports	40,000	50,000	60,000	70,000	75,000	10,000,000	Medical Services Coordinator
	Incorporate TB-HIV education messages into AIC counselling protocols	Updated AIC counselling protocols with TB/HIV issues	Counselling protocol available						15,000	Medical Services Coordinator
	Procure and distribute adequate supplies for diagnosis and treatment of TB-HIV co-infected persons from MoH	No. of AIC stand-alone HCT sites with adequate supplies for diagnosis and treatment of TB-HIV co-infected persons	Periodic medical reports	1,500	2,000	2,500	3,000	3,500	1,250,000	Medical Services Coordinator
	Provide TB screening for all clients seeking HCT services and treatment at the 8 branches	No. of clients diagnosed for active TB Number of clients enrolled for Active TB treatment	Periodic medical reports	750	1,000	1,250	1,500	1,750	1,250,000	Medical Services Coordinator
	Procure and distribute essential equipment and supplies for active TB management	No. of branches with electrical binocular microscopes for active TB management	AIC branches supporting TB services						240,000	Medical Services Coordinator
	Develop a mechanism for follow-up of TB-HIV clients in communities	No of TB clients traced and treated	Periodic medical reports						2,500,000	Medical Services Coordinator
	Facilitate TB-HIV district working committees to ensure effective coordination of TB-HIV activities	No. of functional district TB-HIV working committees facilitated	Minutes and reports	20	20	20	20	20	800,000	Medical Services Coordinator
	Provide advanced training for AIC medical staff on nutrition, STD and HIV and AIDS management	No. of staff with advanced training on nutrition, STD and HIV and AIDS management	Training reports HR data base						150,000	Medical Services Coordinator

Strategic Objective 2: Increase access to HIV care										
	Develop standard TB, STD, Nutrition and HIV and AIDS guidelines for AIC staff	Standard guidelines for TB, STD, Nutrition and HIV and AIDS developed and distributed	Guidelines in place in Year 1 and updated every year						20,000	Medical Services Coordinator
	Restructure medical services department into a fully functional clinic	A functional clinical setting in place at all AIC stand-alone HCT sites	AIC branches supporting medical services						100,000	Medical Services Coordinator
	Procure essential equipment and commodities for clinical setting and distribute adequate quantities to all AIC branches	Well equipped medical services clinics in all AIC branches	Assets inventory						90,000	Medical Services Coordinator
	Expand and furnish all AIC laboratories with adequate quantities of relevant equipments and reagents for investigating various cases	All AIC branch laboratories sufficiently furnished and well equipped	Laboratories supporting more lab work						1,296,000	Medical Services Coordinator
	Develop a comprehensive proposal for rolling out management of malaria to all AIC stand-alone HCT sites	Roll-out proposal developed and marketed	Proposal available for funding	1					5,000	Medical Services Coordinator
	Procure and distribute adequate equipment and reagents for investigation of malaria cases	Adequate amount of equipment and reagents for malaria investigation procured	Stock cards	40,000	50,000	60,000	70,000	80,000	142,650	Medical Services Coordinator
	Procure and distribute adequate drugs and supplies for malaria treatment	No. of AIC HCT sites with adequate drugs and supplies for malaria treatment	Stock cards	80	90	90	90	90	600,100	Medical Services Coordinator
	Diagnose and treat malaria cases among clients coming for HCT	No. of HCT clients diagnosed and treated for malaria	Periodic medical reports	15,000	20,000	30,000	40,000	50,000	30,000	Medical Services Coordinator
	Maintain consistent supply and provision of septrin prophylaxis to HIV+ HCT clients in all branches	No. of HIV+ clients on septrin prophylaxis	Periodic medical reports	15,000	20,000	30,000	40,000	50,000	1,000,000	Medical Services Coordinator

Strategic Objective 2: Increase access to HIV care										
	Conduct medical outreaches for TB, STIs and malaria investigation and treatment	No. of outreaches held and number of clients reached	Periodic medical reports	4,000	6,000	8,000	10,000	12,000	2,833,000	Medical Services Coordinator
	Carry out treatment at the stand alone sites	No. of people treated for STIs and other opportunistic infection excl. malaria and TB	M&E data	15,000	20,000	25,000	30,000	35,000	1,711,800	Medical Services Coordinator
	Support development of nutrition counselling protocol, training of service providers and provision of nutrition counselling to HIV+ HCT clients in all AIC branches	Nutrition counselling protocol developed	Nutrition protocol developed and in use	1					60,000	Medical Services Coordinator
		No. of staff trained in nutrition counselling	Training report and lists of participants	150					120,000	Medical Services Coordinator
		No. of HIV+ HCT clients given nutrition counselling	Counselling reports	1,000	2,000	3,000	4,000	5,000	158,500	Medical Services Coordinator
Strategy 3: Initiate ART in a phased manner focusing on areas with poor and/or inexistent networks	Develop a Strategy and work plan for initiating ART administration in AIC branches	Meetings for the development of an ART strategy and work plan for roll out of ART in AIC e.g. accreditation, mapping	Strategy and work plan available	1					64,000	Medical Services Coordinator
	Enhance capacity of staff in selected sites to provide ART	No. of staff trained in ART service provision	Training reports	24	24	24	24	24	150,000	Medical Services Coordinator
	Procure CD 4 machines and reagents for all 8 branches	No. of functional CD 4 machines	Stock cards						850,000	Medical Services Coordinator
	Procure and distribute ARVs to selected sites and selected patients for a period of time and then refer	Number of HIV + clients on ART	Periodic medical reports						2,682,000	Medical Services Coordinator

Strategic Objective 3: Support and expand the provision of home based care and improve the referral systems between home based care and other health facilities										
			Service Delivery Targets							
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
	Build and strengthen the capacity of PTCs to conduct home based care	Number of PTC members trained in the home based care package	Training reports and list of PTC members trained	3	5				32,000	PTC Coordinator

Strategic Objective 3: Support and expand the provision of home based care and improve the referral systems between home based care and other health facilities										
				Service Delivery Targets						
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
	Identify and engage competent persons to provide specialised AIDS care services to AIC clients by referral or internal treatment	No. of specialised AIDS care agencies committed to enrolling AIC clients Number of persons recruited to provide specialised AIDS care at AIC	Reports from the agencies Periodic medical reports	12	14	16	18	20	265,000	PTC Coordinator
	Develop and sustain a strong mechanism for referral, follow-up and obtaining feed-back	A reliable referral network in place	network in place in year 1 and continuous	9	9	9	9	9	2,000,000	PTC Coordinator and M & E
	Facilitate HBC activities of trained focal persons	No. of PHA families enrolled on the HBC programme	Periodic PTC reports	80	120	160	180	200	1,440,000	PTC Coordinator
	Regularly update and share information about specialised AIDS care agencies with capacity to enrol AIC clients on referral	Up-to-date information about where to obtain critical medical services not available in AIC sites	Information in directory available and regular meetings	1	1	1	1	1	100,000	PTC Coordinator

Goal 2: To focus HIV prevention strategies on those means through which HIV and AIDS is transmitted most and targeting vulnerable and high risk groups										
Strategic Objective 1: Integrate prevention into care and treatment services										
			Service Delivery Targets							
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Strategy 1: Incorporate Prevention With Positives (PWP) interventions into care and treatment services	Facilitate the process of registering all PTCs at the Branches into CBOs in order for them to access funds for their activities	No. of PTCs registered.	PTCs in the branches with management structures						20,000	Public relations, Advocacy and PTC manager
	Facilitate PTCs to come up with proposals for funding.	Meetings help to develop proposals	PTC funding proposals						40,000	Public relations, Advocacy and PTC manager
	Equip PTCs with financial and administration skills	No. of PTCs trained	Training reports						80,000	
	Equip PTC club members with skills in counselling and guidance	No. of PTC club members sufficiently trained in counselling	Training report						80,000	Counselling and Training manager
	Facilitate increased involvement of PTC club members with skills in counselling, guidance and communication skills in service delivery, drug adherence	Number of clients counselled by PTCs on positive living	PTC reports						480,000	Public relations, Advocacy and PTC manager
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**

Goal 2: To focus HIV prevention strategies on those means through which HIV and AIDS is transmitted most and targeting vulnerable and high risk groups										
Strategic Objective 1: Integrate prevention into care and treatment services										
			Service Delivery Targets							
	Develop mechanisms to link PTC club members with other HIV and AIDS Community Resource Persons (CORPS)	No. of active peer education partnerships developed	PTC reports						96,000	Public relations, Advocacy and PTC manager
Strategy 2: Support and expand the provision of palliative care	Strengthen partnership with agencies specialized in provision of palliative care	MoUs with Palliative Care providers such as Hospice and refer clients	MoUs in place and clients referred						48,000	Programs Director

A2.2 Advocacy, information, education and communication enhanced

Goal 1:	**Strengthen AIC's role in HIV advocacy, public relations and information sharing**
Strategic objective 1:	**Strengthen AIC's capacity to effectively and efficiently advocate and share information**

			Service Delivery Targets							
Strategy/Key output	**Key Activities**	**Units of measure/ Output Indicators**	**Means of Verification**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Strategy 1: Strengthen AIC roles of information sharing and knowledge management	Set up a partnership forum for sharing information and best practices with stakeholders	Number of work shops and number of participants	Workshop reports	16	16	16	16	16	15,000	PRAM
		Number of partnerships created with other resource centres	Reports and documentaries	2	3	3	3	3	3,000	PRAM
		Number of news letters and documentaries distributed and conferences attended	News letters and documentaries distributed	3	4	4	4	3	446,000	PRAM
	Promote provision of information on HIV and AIDS and AIC's services and best practices	Number of avenues (radio, TV, print media and publications, internet) of AIC information sharing	Reports available	200	200	200	200	200	400,000	PRAM
		Number of people reached with IEC/BCC materials	Reports	200,000	250,000	300,000	600,000	600,000	100,000	PRAM
	Roll out campaigns to sensitize communities about available HIV and AIDS services at AIC and other functional access points	No. of sensitization campaigns held	reports	20	30	40	40	50	500,000	PRAM

Goal 1:	**Strengthen AIC's role in HIV advocacy, public relations and information sharing**									
Strategic objective 1:	**Strengthen AIC's capacity to effectively and efficiently advocate and share information**									
			Service Delivery Targets							
Strategy/Key output	**Key Activities**	**Units of measure/ Output Indicators**	**Means of Verification**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Strategy 2: Develop and produce IEC/BCC Strategy	Develop, produce, promote and disseminate AIC IEC/BCC strategy	Availability of completed BCC strategy document	Minutes and reports						50,000	PRAM
	Develop, produce, promote and disseminate IEC/BCC material for AIC services	No. of IEC/BCC materials (for all AIC HCT services) and messages developed, produced and distributed	Types of IEC Materials developed	20	30	30	50	50	1,500	PRAM

Goal 2:	**To raise the profile and image of AIC**									
Strategic objective 1:	**Partner with MoH and other strategic partners in promoting public awareness on HIV and AIDS**									
Strategy/Key output	**Key Activities**	**Units of measure/ Output Indicators**	**Means of Verification**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Strategy 1: Develop and Disseminate AIC Advocacy Strategy	Review, update, promote and disseminate advocacy strategy	Advocacy strategy in place	Reports and minutes						50,000	PRAM
	Recruit or strengthen skills of existing Advocacy Officers	No. of qualified advocacy officers.	All branches have Advocacy Officers	6					*Cost under HR*	PRAM
	Advocate for HCT service delivery among stakeholders	HCT advocacy activities to promote HCT carried out successfully in districts	Activity reports	5	10	10	10	*10*	500,000	PRAM
	Promote and market AIC's comparative advantage in HCT service delivery	No. of partnership / stakeholders meetings attended	Reports; Media extracts	16	24	34	40	40	1,000,000	PRAM
Strategy 2: Promote AIC corporate Image	Orient AIC staff and BOT in customer care and Pubic Relations	No. of staff with training in PR, advocacy & customer care	Customer satisfaction surveys	150	50	150	25	25	100,000	PRAM
	Branding and dissemination of AIC's products	No. of mass media; radio & print products	Reports and minutes	8	16	20	20	20	500,000	PRAM
		Number and type of branded products developed and	Reports	4000	4000	4000	4000	4000	800,000	PRAM

Goal 2:	**To raise the profile and image of AIC**									
Strategic objective 1:	**Partner with MoH and other strategic partners in promoting public awareness on HIV and AIDS**									
Strategy/Key output	**Key Activities**	**Units of measure/ Output Indicators**	**Means of Verification**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
		distributed								
	Aggressively promote AIC to public and stakeholders	No. of open days/ exhibitions/ meetings/community outreach services organized or attended	Positive feedback from public and stakeholders	8	16	32	44	44	500,000	PRAM

Goal 3:	**To provide up-to-date information on HIV and AIDS prevention, management and treatment**									
Strategic objective 1:	**Provide up-to-date knowledge and information on HIV and AIDS in a cost effective manner**									
Strategy/Key output	**Key Activities**	**Units of measure/ Output Indicators**	**Means of Verification**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Provide up-to-date knowledge and information on HIV and AIDS in a cost effective manner	Facilitate and promote daily Q&A sessions with the public	Telephone hotline (call centre) at AIC	Call centre in place and optimally used						500,000	PRAM
	Review, upgrade and maintain AIC website to share information	No. of website questions received No. of website guests	M&E data						500,000	PRAM
	Upgrade, promote and maintain AIC HQ resource centre	No. of people registered at AIC regional centres	Register in RC						50,000	PRAM
	Establish and promote RC in AIC branches	Functional resource centres in the branches	RC in all AIC branches		2	2	2	2	350,000	PRAM
	Hold open days	Number of open days		2	2	2	2	2	800,000	PRAM

A2.3 Research and knowledge management strenthened

Goal 1: Strengthen research agenda to inform management and policy											
Strategic Objective 1: Promote research in HCT, TB/HIV and other service delivery activities											
				Service Delivery Targets						**Resources**	
Strategy	**Key Activities**	**Units of measure**	**Means of Verification**	**5 Year Target**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Strategy 1: Promote initiatives for nurturing new technologies and models in HCT and related integrated services	Develop initiatives for nurturing new technologies and models in HCT and related integrated services	No. of Research Initiatives developed	Meetings held	15	3	3	3	3	3	7,500	M & E manager
	Establish an Internal Review Board (IRB)	No. of IRB meetings held	Minutes of the board	20	4	4	4	4	4	24,000	ED
	Carry out operational research in HCT,TB and integrated services	No. of operational research carried out in HCT, TB and integrated services	Research papers written	15	3	3	3	3	3	300,000	M & E manager

Strategy	Key Activities	Units of measure	Means of Verification	5 Year Target	Yr 1	Yr2	Yr3	Yr 4	Yr 5	Total cost (Ushs) '000	Responsibility
	Publish Research Findings	No. of researches published in international and national journals	Research papers published	10	2	2	2	2	2	100,000	M & E manager
	Disseminate Research Findings to inform Policy	No. of tours/activities to share experiences and innovations in HCT, TB and integrated services carried out	Research papers presented	10	2	2	2	2	2	500,000	ED
		No. of documents with lessons learned compiled and disseminated	Documents shared	10	2	2	2	2	2	10,000	M & E manager
Strategy 2: Promote AIC's visibility in HIV and AIDS local and international fora	Develop abstracts/journal papers on HIV and AIDS and integrated services for international and local conferences	Number of abstracts approved for presentation	Abstracts presented	40	8	8	8	8	8	400,000	ED

A2.4 Gender responsive training and capacity building programs provided.

Goal: To increase the availability of trained counsellors, laboratory technicians and HIV/AIDS program managers										
Strategic Objective 1: Build and strengthen AIC'S capacity in training of service providers in HIV and AIDS services										
			Service Delivery Targets						Resources	
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Strategy 1: Establish a fully fledged training centre for HCT laboratory and counselling specialties	Finalize and disseminate the AIC training Strategy	No. of dissemination workshops held & No. of participants in workshop	Training strategy in place and used by all staff	1					50,000	Counselling and Training Manager
	Identify, procure land and setup a modern training centre	Established modern and well equipped training centre for HCT service providers (management staff, medical staff, social workers, laboratory staff and counsellors)	Presence of land, buildings and equipment procured. Progress reports			1			10,000,000	BoT, ED, Training manager
	Enhance the capacity of AIC to manage a training centre for HCT specialties	No. of AIC training staff (Laboratory & Counselling & medical) trained.	Training sessions conducted and reports			30			500,000	Counselling and Training Manager
	Develop and disseminate promotional strategies to continuously create awareness about AIC training services	No of promotional materials developed and disseminated	Promotional materials disseminated Number of promotional campaigns funded	2,000	2,000	2,000	2,000	2,000	51,000	Counselling and Training Manager

Goal: To increase the availability of trained counsellors, laboratory technicians and HIV/AIDS program managers										
Strategic Objective 1: Build and strengthen AIC'S capacity in training of service providers in HIV and AIDS services										
			Service Delivery Targets						**Resources**	
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Strategy 2: Provide capacity building for HCT service delivery for public and private inst.	Develop a comprehensive capacity building proposal for HCT service delivery in public and private institutions	No. of institutions formally contacted	Proposal in place and used for funding Institutions' responses to the proposal	50	30	25	20	15	5,000	Counselling and Training Manager
	Develop partnerships for HCT capacity building with MOH and private sector	No. of training partnerships formed	MOUs signed and functional partnerships	1					10,000	Counselling and Training Manager
	Build capacity of HCT services providers for MOH and the private sector	Cadre and no of service providers trained	Training sessions conducted and reports	300	300	300	300	300	3,500,000	Counselling and Training Manager
	Provide supportive supervision to trained service providers in their respective organizations	No. of organizations benefiting from supportive supervision	Support supervision reports available Responses from trained service providers	20	20	20	20	20	500,000	Counselling and Training Manager
	Build and maintain an efficient and reliable procurement system of training materials	Annual Procurement plan for training materials	Procurement minutes	1	1	1	1	1	5,000	Counselling and Training Manager
	Procure all essential logistics and training materials	Procurements done	Stock cards updated						400,000	Counselling and Training Manager

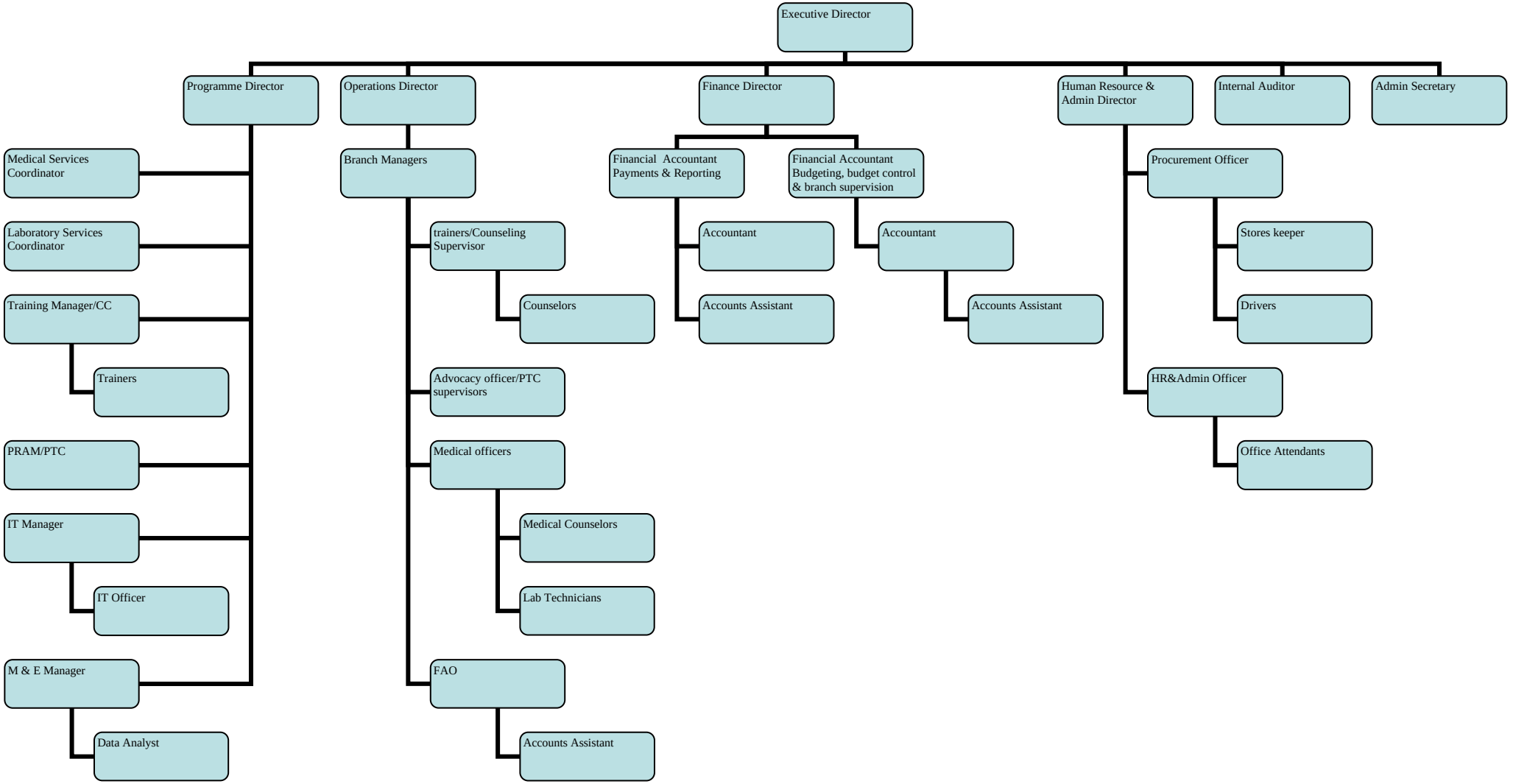
A2.5 Sustainable management capacity built

Goal: Seek opportunities of alternative resource mobilization with a focus on new donors and commercial ventures to enable AIC continue with its strategic programs while achieving financial sustainability and institutional development.										
Strategic Objective 1: Put in place proactive fundraising strategies and partnerships										
				Service Delivery Targets						
Strategy/Key output	**Key Activities**	**Units of measure/Output Indicators**	**Means of Verification**	**Yr 1**	**Yr2**	**Yr3**	**Yr 4**	**Yr 5**	**Total cost (Ushs) '000**	**Responsibility**
Strategy 1: Re-design program activities to include an effective cost recovery component.	Introduce new programs that are paid for by members.	No. of clients paying for services in AIC Amount of revenue raised as programme income	Bank statements from program income account Periodic financial reports	2					50,000	FAD
	Strengthen an efficient accounting systems of program income and other donor funds	Program Income and other donor funds accounting system in place and being used by staff	Periodic and timely financial reports Audit reports of program income	1					70,000	FAD
	Strengthen an internal controls system at AIC	Reduced queries on financial statements Timely and accurate accountability of funding	Audit reports indicating less internal control weakness						100,000	FAD
	Establish reliable financial management system	Timely and accurate reports prepared	Monthly Financial reports submitted and discussed by management						100,000	FAD

Goal: Seek opportunities of alternative resource mobilization with a focus on new donors and commercial ventures to enable AIC continue with its strategic programs while achieving financial sustainability and institutional development.										
Strategic Objective 1: Put in place proactive fundraising strategies and partnerships										
				Service Delivery Targets						
Strategy 2: Establish other commercial ventures as an alternative funding strategy and increase the awareness of the opportunities and possible problems.	Develop consultancy services in establishing counselling services, HIV testing services, Trainings of Organizations	Establishment of a consultancy unit in AIC Number of consultancy done Amount of income raised from paid for services at AIC	Periodic Financial reports from the specialist hospitals			1			**5,000,000**	FAD
	Modernise the labs to the required standards for both research and other tests so as to render outside services or hire out the labs to organisations.	Number of external Researches undertaken at AIC Amount of revenues raised from the labs	Research papers Financial reports						1,000,000	FAD
	Hire out the available halls when not in use.	No. of functions held in the available space at AIC Amount of revenue raised from hall hire	Periodic Financial reports prepared and discussed by management						10,000	FAD
	Sell out promotional items to other partners like TASO,JCRC and other CSOs in the sector.	No. of promotional items sold out Amount of revenue raised from sell of promotional items	Periodic Financial reports prepared and discussed by management						10,000	FAD

Goal: Seek opportunities of alternative resource mobilization with a focus on new donors and commercial ventures to enable AIC continue with its strategic programs while achieving financial sustainability and institutional development.										
Strategic Objective 1: Put in place proactive fundraising strategies and partnerships										
				Service Delivery Targets						
Strategy 3: Target new donors that are different from the traditional AIC development partners who stress more of capacity building and empowerment through financing business ventures	Prepare and submit program resource mobilization proposals to non traditional funders of AIC. Develop external relations with other non-traditional donors and governments on HCT and palliative care and other capital development activities such as Hospitals.	Number of fund raising proposals prepared and submitted Amount of funding raised from non traditional AIC donors No. of MOUs signed with other development partners	Responses from proposals submitted Periodic financial reports MOUs signed						10,000	FAD
	Establish partnerships with both local and international organisations taking advantage of their interest to further social corporate responsibility activities e.g. Telecommunication companies, banks, breweries, soft drink companies and other companies	Number of proposals submitted to private sector No. of MOUs signed with partners Amount of revenue raised from private sector partnerships	Amount of funding raised through private sector partnerships MOUs signed						10,000	FAD
Seek Government Financial interventions in giving support to undertake a program where AIC has a core advantage in providing HCT services.	Prepare proposals to Government of Uganda seeking funding	Proposals prepared and submitted to GoU Amount of funding received from GoU	Proposals submitted Periodic financial reports	1 25%	1 30%	1 35%	1 40%	1 45%	10,000	FAD

Appendix 3: Organisation structure



Appendix 4: A summary of stakeholder feedback on AIC performance

A questionnaire was administered to both internal and external stakeholders to rate AIC's performance in various service and functional areas. Below is a summary of the assessment of current performance by both internal and external stakeholders.

The description of the rating is as follows:

Rating scale Description of rating

4 **Excellent.**

3 **Good**. There is some room for improvement to achieve Excellence.

2 **Poor/ Unsatisfactory**. There is a lot more to be done to demonstrate Good performance.

1 **Very Poor/ Unacceptable**.

NBA I have not used this service and I am not aware of AIC level of performance in this area.

	Analysis of the performance rating				
Service	**4**	**3**	**2**	**1**	**NBA**
Providing HIV AND AIDS counselling services	2	7			
Providing testing services	2	7			
Providing care and support to those found HIV Positive		3	5		1
Educating and providing Information to the public on HIV AND AIDS	1	5	3		
Conducting outreaches to sensitize the Public on HIV AND AIDS	1	5	2	1	
Providing training on HIV AND AIDS	3	5	1		
Educating and providing prevention mechanisms to those found HIV negative		6	3		
Monitoring those under care and support		2	5		3
Monitoring those under prevention		2	3	1	4
Mobilising funds for undertaking HCT and VCT activities		4	1	1	4
Providing timely and adequate accountability for resources under its control		2	1	3	3
Overall performance of AIC		8	3		

Appendix 5: AIC's presence in Uganda

Service outlets	Service outlets	Service outlets	Service outlets
Mbarara Branch	**Arua Branch**	**Soroti Branch**	**Lira Branch**
Mbarara District	Arua District	Soroti District	Lira District
Ruharo Mission Hospital	Ediofe H.C	Asureti H.C III	Amugu H.C III
Kashare HC III	Rhino Camp HC III	Madera H.C iii	PAG H.C IV
Rubindi HC III	Adumi HC III	Eastern Division H.C III	Aromo H.C III
Biharwe HC III	Maracha/Terego District	Soroti Hospital	Oteno H.C III
Buchiro HC III	Oriajin H.C	Gweri H/C iii	ABAKO HC III
Bubaare HC III	Maracha Hospital	Serere H/C IV	AMAC H/C IV
Mwizi HC III	Omugo HC III	Apapai H/C IV	OGUR H/C IV
Makenke Barracks	Nebbi District	Kyere H/C III	NGETTA HC III
Ntungamo District	Nebbi Hospital	Atirir H/C IV	BARR HC III
Ntungamo Town Council HC III	Pakwach H.C	Kidetok H/C III	Oyam District
Kitondo HC III	Nyapea Hospital	Princess Diana H/C III	Aber Hospital
Rukoni HC III	Angal Hospital	Amuria District	Agulurude HC III
Rwashamaire HC IV	Goli H.C	Orungo H.C Iii	Anyeke HC IV
Bwongera HC III	Panyimur H.C III	Amuria HC IV	Ngai HC III
Rubare HC IV	Koboko District	Kapelebyong HC IV	Otwal HC
Rugarama HC III	Koboko HC IV	Kumi District	ICEME HC
Rushoka HC II (Private/NGO)	Lobule HC III	Kumi Hospital	Apac District
Kitwe HC IV	Ludara HC III	Ngora Hospital	Akokoro H.C III
Nyakyera HC III	Lurujo HC II	Service outlets	ABOKE HC III
Kasese District	Yumbe District	**Kabale Branch**	ADUKU HC IV
Kasanga H.C.	Yumbe Hospital	Kabale District	Amolatar District
Kagando Hosp	Lodonga HC III	Rubanda H.C	Amai Hospital
St. Paul H.C.	Midigo HC III	Rushoroza H.C	Amolatar H.C IV
Hima IAA	Kulikulinga HC III	Buhara H.C	Namasale HC III
Bishop Masereka M.C	Kei HC III	Rushoka H.C	Amuru District
Service outlets	Moyo District	Kakatunda H.C	Anaka Hospital
Mbale Branch	Moyo Hospital	Kaharo H.C	Olwiyo Clinic
Mbale District	Obongi HC III	Kitanga H.C	ATIAK HC IV
Magale Mission Hospital	Laropi HC III	Kamuganguzi HC III	PABOO HC III
Bududa Hospital	Lefori HC III	Muko HC II (NGO)	BIBIA H/C
Bufumbo HC IV	Kali HC III	Hamurwa HC IV	ALERO H/C
Muyembe H.C iv	Metu HC III	Bubaare HC III	Pader District

Service outlets	Service outlets	Service outlets	Service outlets
Mbarara Branch	**Arua Branch**	**Soroti Branch**	**Lira Branch**
Busiu HC IV		Kisoro District	Awere H.C III
Mbale Hospital		Mutolere Hospital	PADER HC III
Wanale HC III		Kanungu District	PAJULE HC IV
Nakaloke HC III		Kayonza Tea	PATONGO HC III
Tororo District		Bwindi Community H.C	RACKOKO HC
Mukujju H.C		Butogota HC III (NGO)	Gulu District
Kwapa HC III		Nyamirama HC III	Gulu Independent Hospital
Osukuru HC III		Rugyeyo HC III	BOBI HEALTH CENTER III
Mella HC III		Rutenga HC III	CWERO HEALTH CENTER III
Malaba III		Butogota HC III	GULU HOSPITAL
Merikit III		Kayonza HC III	KOCHGOMA HEALTH CENTER III
Mollo HC III		Nyakatare HC III (NGO)	ODEK HEALTH CENTER III
Kisoko HC III			ONGAKO HEALTH CENTER III
Petta HC III			Dokolo District
Mulanda HC IV			Kangai H.C III
Nagongera HC IV			Kwera H.C III
Rubongi military Hospital			DOKOLO HEALH CENTER IV
Tororo Hospital			AGWATA HEALTH CEBTRE III
St Anthony Mission Hospital			Kitgum District
Butaleja District			AGORO HEALTH CENTER III
Busaba HC III			KITGUM HOSPITAL
Budumba HC III			LOKUNG HEALTH CENTER III
Butaleja HCIII			MADI OPEI HEALTH CENTER III
Nabiganda HC III			MUCWINI HEALTH CENTER III
Mulagi HC III			PADIBE H/C
Bugalo HC III			NAMOKORA H/C
Busolwe Hospital			
Kachonga HC III			
Kangalaba HC III			

Appendix 6: Reference materials

- Draft strategic plan
- National HIV and AIDS strategic plan
- Stakeholders' feedback
- Memorandum and articles of association for AIC
- Feedback information obtained from AIC staff from the first work shop
- Africa and the Millennium Development Goals – 2007 Update
- Synthesis of the National HIV and AIDS Strategic Plan (2007/8 – 2011/12)